

George Beeter

Town

County

Died at *Worton**Kent*

MARYLAND

Month *Nov* Day *13*

Y. M. D.

Native of

Occupation

Date *1982*Age *Dont Know**Kent Co Md**Laborer*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

*Dont Know**154*

Mother's

Father's

Dont Know

Maiden Name

Dont Know

Cause of

Primary

Advanced Age

How long sick

Death

Immediate

*General Debility**Accident, Suicide, Homicide*Reported by *John H. Neasey M.D.*Address *Stansville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Zydia Corse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charles</i>	Town <i>Charles</i>	County <i>Kent.</i>		CERTIFICATE OF DEATH	
Date of death 1902	Month <i>Nov.</i>	Day <i>14</i>	Age <i>58.</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female.</i>	Color or Race <i>Blanc.</i>	Occupation <i>None</i>		Birth- place <i>Charles Md.</i>	
Mother's or Widowed					
Name of Wife or Husband					
Father's Name					
Mother's Maiden Name <i>Cecilia Readling</i>					
Name of person giving Information <i>Her Corse Jr.</i>					
How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

Primary	<i>Gastric Disease</i>	<i>179</i>	How long <i>3 months</i>
Immediate	<i>Emphysema</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<p>Signature of Physician <i>H. H. Hale and M.</i> Address <i>Charles Md.</i></p>		

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

William Rasin Gale

Died at Chestertown Kent County MARYLAND

Date 18	Month Nov	Day 11	Y. 44	M.	D.	Native of Kent Co. Labora	Occupation
Male	White	Married	Widow	<u>Divorced</u>			
F	S	S	Widower			Number of children living 3	

Husband of	Aurie S. Stephens		Mother's Name Sarah Rasin
Wife	John Gale	John	
Father's Name	Bright's Disease. one year		How long sick
Cause of Death	Primary	Asthma	120
	Immediate		Accident Suicide, Homicide

Reported by H. L. Toad, M.D.

Address Chestertown Md. X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(Webster Cemetery)

<i>John Gary</i>			
Died at Date 1902	Town <i>Gwynedd</i>	County <i>Rent</i>	MARYLAND
Month <i>Nov.</i>	Day <i>29</i>	Y. M. D. <i>Age 63</i>	Native of <i>Delaware</i>
Male	White	Married	Occupation
Female	Colored	Single	Divorced
Husband of Wife	<i>Martia Comeys</i>		
Father's Name	Mother's Maiden Name		
Cause of Death Primary	<i>Pneumonia</i>		
Death Immediate	93	How long sick <i>7 days</i>	Accident, Suicide, Homicide
Reported by <i>Edward Abbott, M.D.</i>			
Address <i>Salina</i>	4nd	X	
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.			



Name in Full

Certificate of Death

James Johnson

Died at Chestertown Town Kent County MARYLAND

Date 1902	Month Nov	Day 18	Age - - 1	Y. M. D.	Native of Kent	Occupation
Male	White	<u>Married</u>	Widow	<u>Divorced</u>		
<u>Female</u>	Colored	Single	Widower	<u>Number of children living</u>		

Husband of _____

Wife

Father's Name James Johnson Mother's Maiden Name Kanis Brown

Cause of Death	Primary <u>Inanition</u>	How long sick	<u>1 day</u>
----------------	--------------------------	---------------	--------------

Death	Immediate	(5)	Accident, Suicide, Homicide
-------	-----------	-----	-----------------------------

Reported by

J. G. Simpson M.D.

Address

Chestertown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



		<i>Johnson</i>			
Died at <i>Brown Town</i>		County <i>Kent</i>			MARYLAND
Town	Month	Day	M.	D.	Native of <i>Md.</i>
Date 1902	Nov.	17	Age		Occupation
Male	White	<u>Married</u>	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	
Husband of Wife					
Father's Name	<i>Robert Johnson</i>		Mother's Maiden Name	<i>Martha Wilmer</i>	
Cause of Death	Primary				How long sick
	Immediate	<i>Die Room.</i>			<i>Accident, Suicide, Homicide</i>
Reported by	<i>J. Norlott Kelley</i>				
Address	<i>16 Maryland Ave., Kent Co., Md.</i>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Stell Dorn Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death 1902.	Month	Day	Age	Years	Months	Days
Sex	Color or Race	-white-	Occupation	Birth- place	Lesterton	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Percy Johnson			Father's Birthplace	Kans Co.	
Mother's Maiden Name	Mayle Cole.			Mother's Birthplace	2d Co.	
Name of person giving Information	Percy Johnson			How related to deceased	Father	

CAUSES OF DEATH

Primary	Accident.	How long	7 days.
Immediate	Labor.	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	Chas. Thailand MD Lesterton Maryland
Accident or Suicide?			



Edgar Preston Joiner

Town

Rock Hall

County

Kent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov 21

Age

44

Male

White

Married

Widow

Divorced

~~Father~~~~Colored~~

Single

Widower

Number of children living

Husband
of*167*

Wife

Father's
Name*Edgar R. Joiner*Mother's
Garden Name*Clarie Hubbard*

How long sick

Cause of

Primary

*Burned**167*

How long sick

Death

Immediate

*Exhaustion**1 day*

Accident, Suicide, Homicide

Reported by

W. O. Seelye M.D.

Address

Rock Hall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Milton

Town

County

Died at

Smitsville

Kent

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	Nov 19			52	6	yrs	Kent Co	none
		Male	White	Married			Divorced	
		Female	Colored	Single			Number of children living	

Husband of

Wife

Father's Name

Robt B. Milton

Mother's Maiden Name

Alice Plummer

Cause of

Primary

How long sick

Death

immediate

Typhoid fever

about 2 weeks

Accident, Suicide, Homicide

Reported by

John H. Dickey M.D.

Address

O'Hanesville Md.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Unioch

Name
in
Full

Amanda Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at • Norton Point		County Kent		MARYLAND		
Date of death 1902	Month Nov	Day 22	Age	Years	Months	Days 8
Sex Female	Color or Race Bol	Birth-place Norton Point				
Married, Single or Widowed	Occupation none					
Name of Wife or Husband						
Father's Name Lomas Phillips	Father's Birthplace Kent Co Md					
Mother's Maiden Name Adair Womee	Mother's Birthplace Kent Co Md					
Name of person giving Information Elbert Phillips	How related to deceased Cousin					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

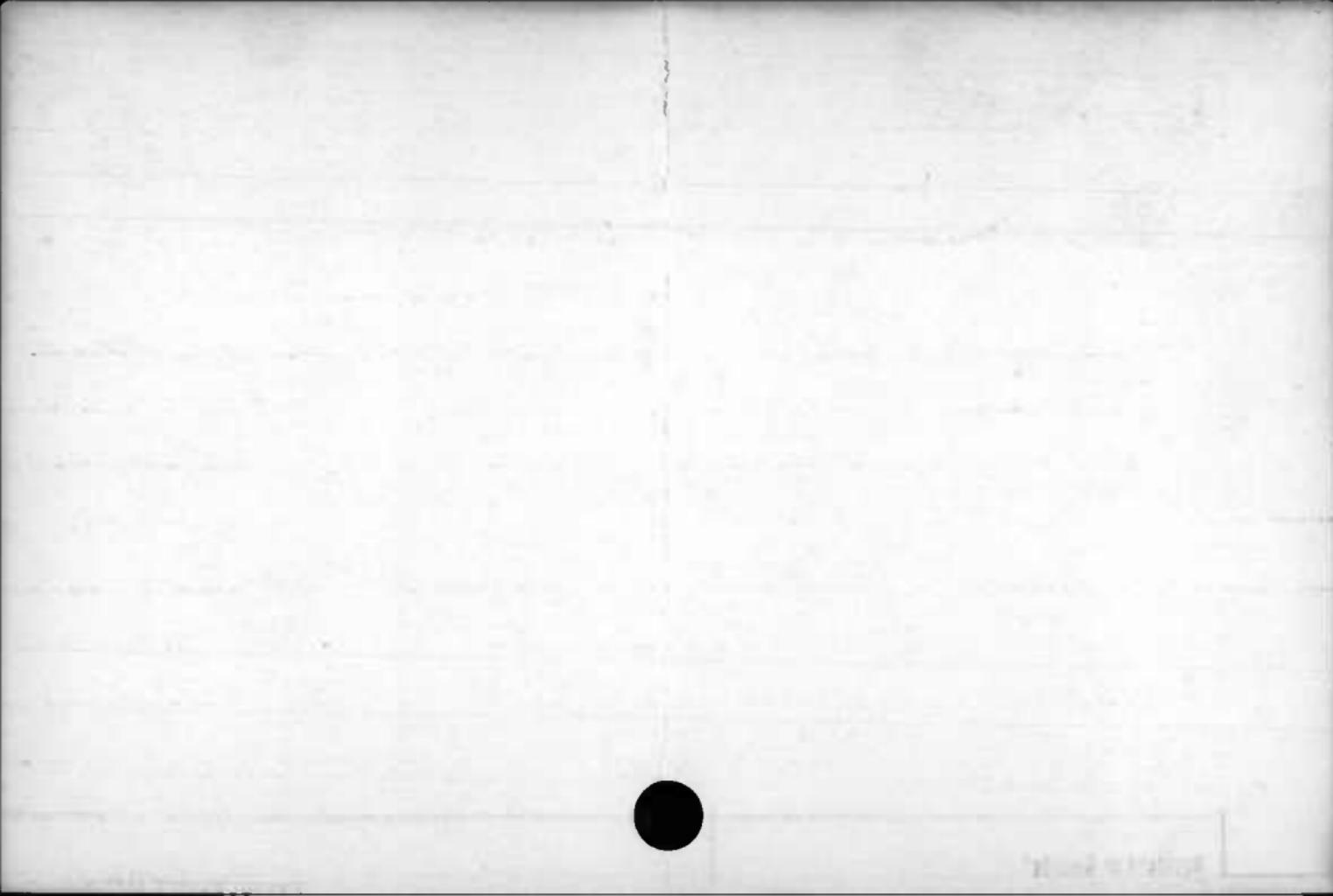
yes

Signature of Physician John H. Messer M.D.

Address

Hanesville Md.

Accident or Suicide?



Benj. Pratt

Town

County

MARYLAND

Died at

Rock Hall

County

Y.

M.

D.

Native of

Native of

Occupation

Date 19

02 nov. 20.

Age

10-1-3

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

John Pratt Minnie Thompson.

Maiden Name

How long sick

Cause of

Primary

Typhoid fever

23 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Woodley M.D.

Address

Rock Hall, Kent Co. X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bessie Rasin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hector	Kens.			
Date of death	Month	Day	Years	Months	Days
1902	Otro.	10.	48.	-	-
Sex	Female	Color or Race	Black	Birth-Place	Hector
Married, Sing'le or Widowed	Married	Occupation	House-wm		
Name of Wife or Husband	Jacob Rasin				
Father's Name	John Anderson.				
Mother's Maiden Name					
Name of person giving information	Jacob Rasin				
CAUSES OF DEATH					
Primary	Diabetes	50	How long	6 mo	
Immediate	Gonococci		How long	10 hours	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas H Whalen M.D.
Hector, Md.

Accident or Suicide?

No



Name
in
Full

Benjamin D. Reed

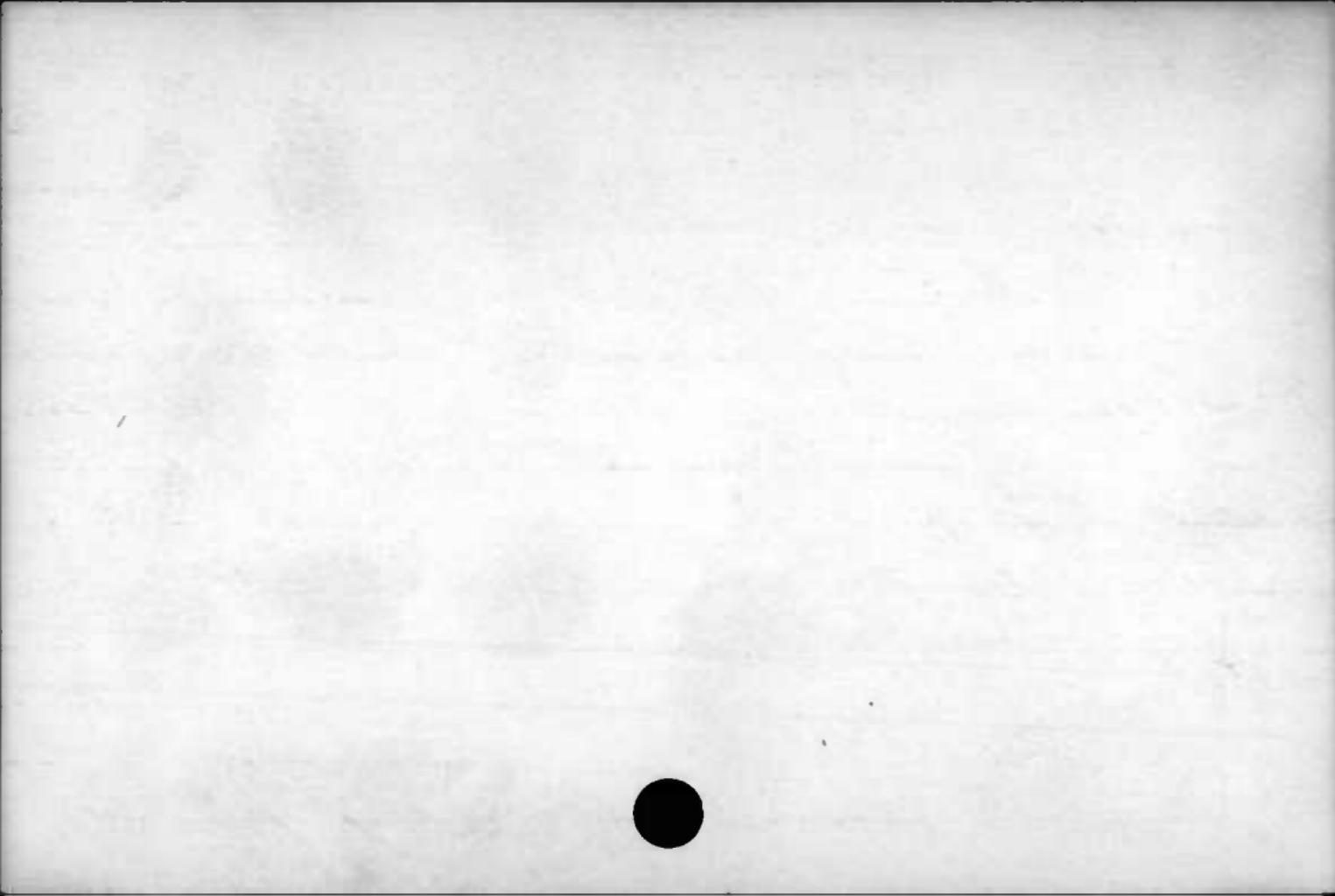
CERTIFICATE OF DEATH

7-1825

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Tox-	County	MARYLAND	
Date of death 1907	Month Nov	Day 16	Years 74	Months 7 Days 9
Sex Male	Color or Race White	Occupation Carpenter		
Married, Single or Widowed				
Name of Wife or Husband	Georganna Reed			
Father's Name	Benj Reed			
Mother's Maiden Name	Don't Know Miss Register			
Name of person giving information	Georganna Reed			
CAUSES OF DEATH				
Primary	Bright's Disease		120	
Immediate	Uremia		How long 2 months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long " "	
Yes		H. Bringe Simmons		
Address		Chesterlown Md X		
Accident or Suicide?		No.		

PHYSICIAN
OR CORONER



Edna Shatt

Town

Piney Neck

County

Kent - Cd

MARYLAND

Died at

Date 19

09

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 129.03*Md.* WhiteWidowDivorced FemaleWidowerNumber of children living Husband
of

Wife

Father's
NameCause of
Death

Primary

Immediate

Mother's
Maiden Name

How long sick

Cerebro-Spinal meningitis 9 days

Accident, Suicide, Homicide

Reported by

Address

V. O. Sibley M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Emory Sheppard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Alms House		Kent			
Date of death 1902	Month Nov	Day 5 th	Age 75	Years	Months	Days
Sex	Male	Color or Race	Black	Occupation	Birth- place	Maryland
Married, Single or Widowed	Widower			-Laborer		
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Gen Ford	120		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Kidney Trouble	How long for years
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	Geo. Ford Keper alms House Chester town Md	



Annie Starling
near Millington Kent

Died at	Town	County	MARYLAND
	Millington	Kent	
Date 1902	Month 11	Day 6	Native of

Male	White	Age	M.	D.	Occupation
Female	Colored	Married	Widow	Divorced	
		Single	Widower	Number of children living	

Husband of

Wife

Father's Name

Cause of Death

Death

Reported by

Address

Mother's Maiden Name

How long sick

Accident, Suicide, Homicide

Oliver Starling Mary M. Staling
 Mill-born Dr W. J. Cobb
 Millington, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary M. Starling

near Millington County

Died at

Town

Millington

County

Plent

MARYLAND

Date 19

Month

Day

Y.

24

M.

D.

Native of

Md

Occupation

Wousewife

Male

White

Age 24
Married

White

Female

Colored

Single

White

Number of children living

4

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Septicaemic

Dr. W. H. Jacobs

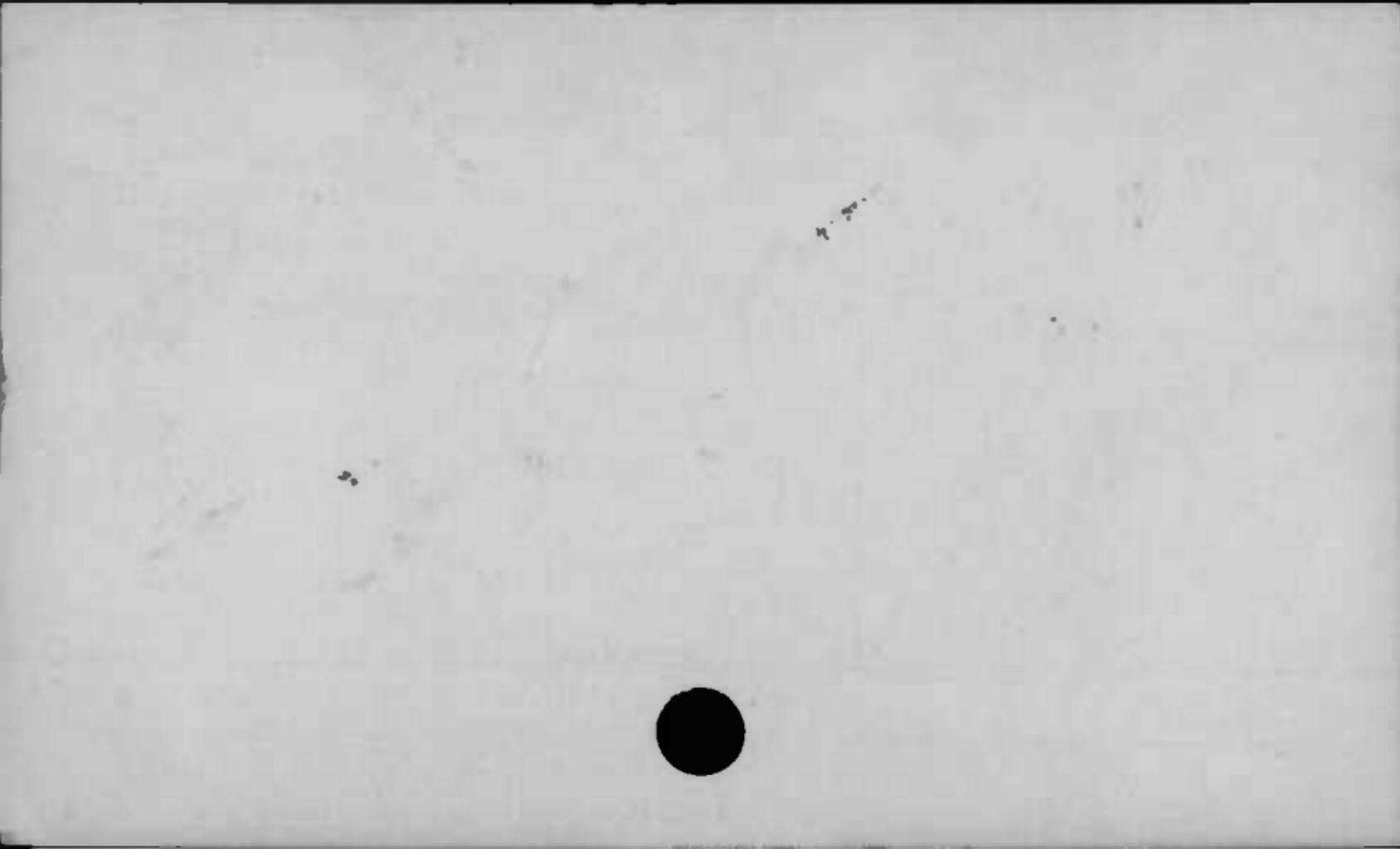
Millington Md

How long sick

8 days

Accident Suicide Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant not named Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

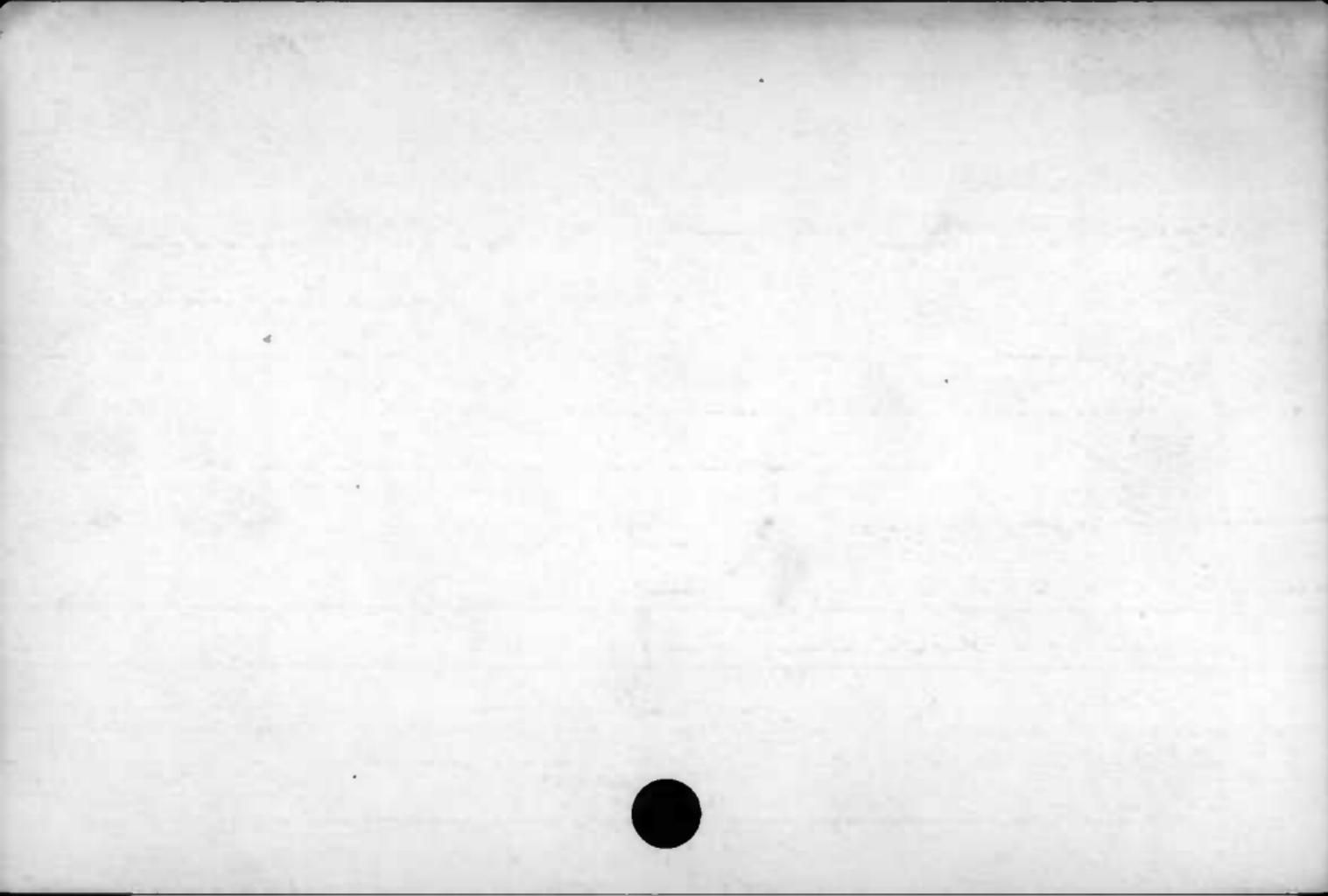
PHYSICIAN
OR CORONER

Died at <u>Near Kennedyville</u>		Town	County	MARYLAND	
Date of death 1902	Month Nov	Day 9	Years	Months	Days
Sex male	Color or Race white	Birth-place <u>Near Kennedyville</u>			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name <u>Jane Ward</u>	Father's Birthplace <u>Cecil Co. Md</u>				
Mother's Maiden Name <u>Mamie Kane</u>	Mother's Birthplace <u>Kent Co Md</u>				
Name of person giving Information <u>Wilbur F. Ashley</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

Primary	<u>Ectero colitis</u>	105	How long since birth
Immediate	<u>Exhaustion</u>		How long

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <i>G. Lovin Parwick M.D.</i>
		Address 
Accident or Suicide? 		



Name in Full

Certificate of Death

Ramon Wicks

Town

Edesville

County

Kent

MARYLAND

Died at

Date 1902

Month Nov

Day 10

Y.

M.

D.

Native of

Age

18

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

James Wicks

27

Mother's
Maiden Name

Luzia Brooks

Cause of

Primary

Consumption

How long sick

Death

Immediate

Exhaustion

2 year

Accident, Suicide, Homicide

Reported by

Dr. S. L. Lee MD

Address

Rockface Kent

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

W. M. Willson

Date 19

02 Nov. 9

Y. M. D.

Native of

MARYLAND

Male

Month Day

Age 55-1-24

Widow

Divorced

Female

White

Married

Widower

Number of children living

4

Husband of

Wife

Annie Willson

Father's Name

R. B. Willson Mother's Maiden Name

Nannie Young

Cause of Death

Primary

Heart disease

How long sick

Immediate

Exhaustion

2 days

Accident, Suicide, Homicide

Reported by

W. O. Selly M.D.

Address

Rock Hall Steak Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

